



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HEART HOSPITAL AT DEACONESS GATEWAY

City of Hospital: Newburgh

Year Begin: 10/01/2016 (mm/dd/yyyy format)

Year End: 09/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Tracy Hoefling

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Medicare Provider Number: 150175

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$91602027
Outpatient Patient Service Revenue	\$67979907
Total Gross Patient Service Revenue	\$159581934

2. Deductions From Revenue

Contractual Allowance	\$100461840
Other Deductions	\$2335926
Total Deductions	\$102797766

3. Total Operating Revenue

Net Patient Service Revenue	\$57193009
Other Operating Revenue	\$2117
Total Operating Revenue	\$57195126

4. Operating Expenses

Salaries and Wages	\$9163005	Employee Benefits	\$2836867
Depreciation and Amortization	\$1850580	Interest Expense	\$56786
Bad Debt	\$-438841	Other Expenses	\$30822284
Total Operating Expenses	\$44290681		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12465604	Total Assets	\$25781682
Net Non-operating Gains over Loss	\$471	Total Liabilities	\$25781682

Total Net Gains	\$12466075
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	2600
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$1947931	\$2206623	
Subtotal	\$1947931	\$2206623	\$-258692
DSH Payments	\$0		
Subtotal	\$1947931	\$2206623	\$-258692
Medicare Shortfalls	\$25316230	\$29945569	
Other Government Programs	\$0	\$0	
Total	\$27264161	\$32152192	\$-4888031

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$270387	\$-270387
Other Allocations	\$0	\$0	\$0

Comments

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